

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

101056229

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51		/				
2			/				52		/				
3			/				53		/				
4			/				54		/				
5			/				55		/				
6			/				56		/				
7			/				57		/				
8			/				58		/				
9			/				59		/				
10			/				60		/				
11			/				61		/				
12			/				62		/				
13			/				63		/				
14			/				64		/				
15			/				65		/				
16			/				66		/				
17			/				67		/				
18			/				68		/				
19			/				69		/				
20			/				70		/				
21			/				71		/				
22			/				72		/				
23			/				73		/				
24			/				74		/				
25			/				75		/				
26			/				76		/				
27			/				77		/				
28			/				78		/				
29			/				79		/				
30			/				80		/				
31			/				81		/				
32			/				82		/				
33			/				83		/				
34			/				84		/				
35			/				85		/				
36			/				86		/				
37			/				87		/				
38			/				88		/				
39			/				89		/				
40			/				90		/				
41			/				91		/				
42			/				92		/				
43			/				93		/				
44			/				94		/				
45			/				95		/				
46			/				96		/				
47			/				97		/				
48			/				98		/				
49			/				99		/				
50			/				100		/				
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						